

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 08, 2005
Secretary of State

DOCUMENT# N01000005530

Entity Name: NATIONAL COUNCIL OF JEWISH WOMEN UNIVERSITY SECTION, INC.**Current Principal Place of Business:**P. O. BOX 9874
CORAL SRPINGS, FL 33075**New Principal Place of Business:****Current Mailing Address:**P. O. BOX 9874
CORAL SRPINGS, FL 33075**New Mailing Address:****FEI Number:** 65-0269929**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**MORRIS, ELLEN S
5966 PINEWOOD AVENUE
PARKLAND, FL 33067 US**Name and Address of New Registered Agent:**GARFIELD, BETH S
5233 NORTH SPRINGS WAY
CORAL SPRINGS, FL 33067 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: BETH S. GARFIELD

08/08/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HABER, ALISON
Address: 1801 NW 126 WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CS () Delete
Name: SOKOLOFF, LAURI
Address: 930 NW 119 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CP () Delete
Name: WEISSMAN, DEBI
Address: 7650 NW 47 DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: D (X) Delete
Name: SOLITT, JANET
Address: 6531 NW 98 DR
City-St-Zip: PARKLAND, FL 33076

Title: VP (X) Delete
Name: MORRIS, ELLEN S
Address: 5966 PINEWOOD AVENUE
City-St-Zip: PARKLAND, FL 33067

Title: T (X) Delete
Name: GARFIELD, BETH
Address: 5233 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CO-P (X) Change () Addition
Name: HOROWITZ, AMANDA
Address: 12187 NW 10 COURT
City-St-Zip: CORAL SPRINGS, FL 33071

Title: CO-P (X) Change () Addition
Name: WEISMAN, DEBI
Address: 7650 NW 47 DRIVE
City-St-Zip: CORAL SPRINGS, FL 33067

Title: T (X) Change () Addition
Name: GARFIELD, BETH
Address: 5233 NORTH SPRINGS WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETH S. GARFIELD

T

08/08/2005

Electronic Signature of Signing Officer or Director

Date